

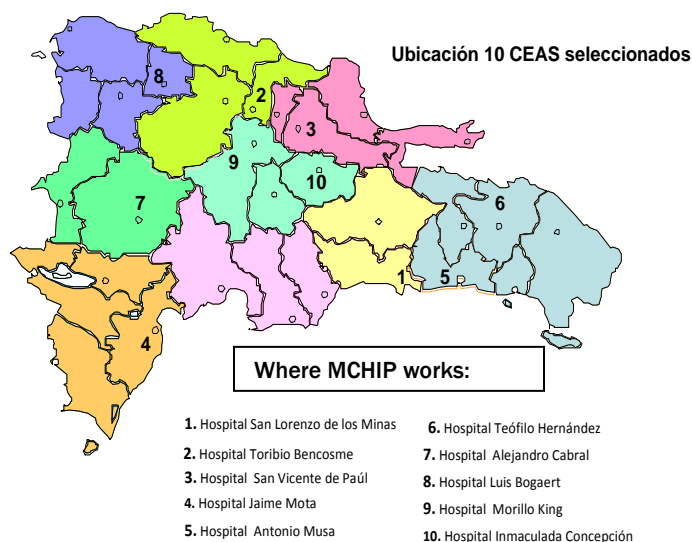


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# Country Summary: Dominican Republic

## Period: FY 2012, Year 4

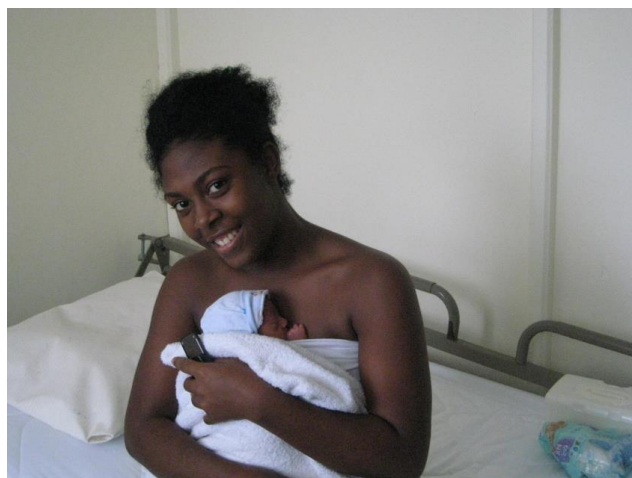


Select Health and Demographic Data for the Dominican Republic	
GDP per capita (USD)	\$9,400 (2011 est.)
Total Population	10,088,598 (July 2012 est.)
Maternal Mortality Ratio (deaths/100,000 live births)	150
<b>Any antenatal care from a skilled provider</b>	99%
Antenatal care, 4+ visits	95%
Delivery with skilled birth attendant	98%
Any postnatal care	91%
Births less than 2.5 kg (low birth weight)	11%
Neonatal mortality rate (deaths/1,000 live births)	17
Sources: DHS 2007; CIA World Factbook; MZ Oestergaard, et al. Neonatal Mortality Levels for 193 Countries in 2009 with Trends since 1990. 2011. PLoS Medicine 8:8; WHO, UNICEF, UNFPA, World Bank. Trends in Maternal Mortality: 1990-2010.	

Proyecto **USAID**/Centros de Excelencia Materno-Infantil

## Major Activities

- **Kangaroo Mother Care**
  - Implementation
  - Host for Regional Forum
- **"Helping Babies Breathe" (HBB) neonatal resuscitation program**
  - Training and implementation
- **Quality Improvement of Management of Newborn Sepsis**
  - On-site mentorship
  - Site strengthening
  - South to south sharing



Program Dates	April 1 2010 – 31 March 2012, extended September, 2013
PY 4 Budget	\$400,000
Total Mission Funding to Date	\$650,000
Geographic Focus	Hospitals participating in the Centers of Excellence project

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## Program Year 4, Quarters 1-4: Achievement Highlights

The fiscal year ends with significant accomplishment in the newborn indicators of the San Vicente de Paul Regional Hospital (HSVP) with a 37% reduction in newborn mortality (NMR 30 x 1000 LB, with a base line of 46 x 1000 LB). The Kangaroo Mother Care program (KMC) in the HSVP in San Francisco de Macoris has shown important impact in the reduction of mortality in low birth weight (LBW) babies and premature babies. The program completed its third fiscal year with a total of 300 babies in the Kangaroo Mother Care program and one death, corresponding to 0.33%; 51 babies graduated from the full program (at age one). There were no babies with retinopathy of the premature (and no blind babies). The HSVP KMC program was presented in the Jornada Pediatrica of the Dominican Society of Pediatrics, where it was promoted and received the national silver medal on quality of care. The HSVP KMC program also receives frequent mass media coverage (radio, local and national TV) as well as visits from other institutions.

The KMC program of the HSVP is a training center for other hospitals. It has trained staff from the Los Mina maternity hospital, which covers 1,000,000 of the poorest population of the capital Santo Domingo, and there are plans to train the Morillo King Hospital from La Vega. The KMC program will have the potential of impacting 2,200 LBW and premature babies and their families every year. There is also a possibility of training one additional hospital, but the decision process is ongoing. The KMC program at HSVP also hosted a visit from more than 30 LAC regional doctors and experts in KMC as a part of the First Annual Kangaroo Mother Care Regional Conference, held in Santo Domingo in December 2011.

The KMC Dominican program exemplifies that KMC can be implemented in the public sector hospitals to improve quality of care, integrate the family in the survival of their children, and to make neonatology a more humanized and caring experience.



Doctors participating in the KMC conference



HSVP receives its award in quality of care

The MCHIP program in the Dominican Republic also continues to support other interventions to reduce neonatal mortality, in cooperation with the USAID Bilateral, the Abt led Centers of Excellence project, including improvement of sepsis prevention and management services, improved essential newborn care at birth, and treatment of asphyxia using the helping babies breathe (HBB) resuscitation curriculum. Activities in Y5 will be expanded to integrate selected aspects of prevention of mother-to-child transmission of HIV (PMTCT), care for HIV, and prevention of congenital syphilis into newborn care.

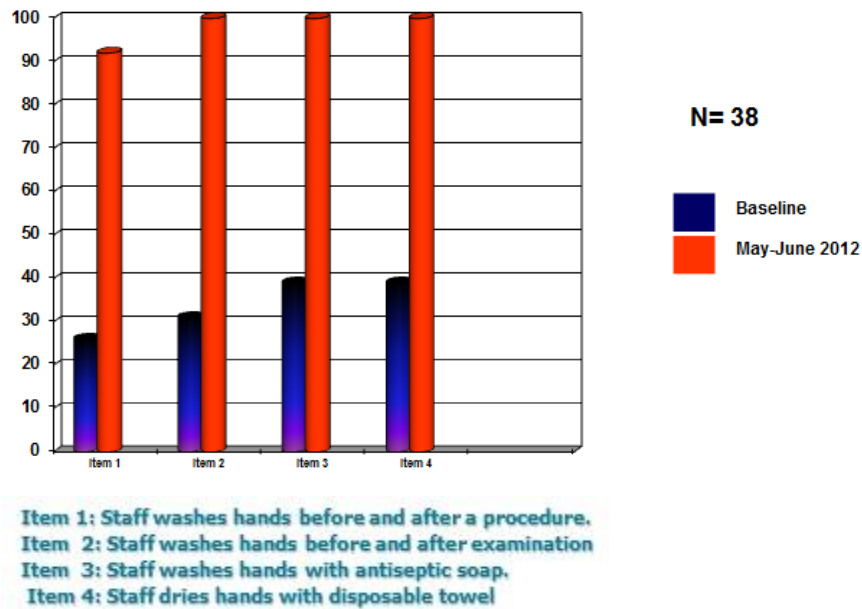
## Activity Highlights

***Objective 1: To scale-up the intervention for quality improvement of prevention and treatment of newborn sepsis in the Maternal and Child Centers of Excellence as part of the regional strategy to improve newborn health to at least one additional facility (total 3 referral facilities):***

- Quality improvement activities for prevention and treatment of sepsis in the hospitals in DR that have participated since the BASICS intervention (Musa and Los Minas) continued.
- Sepsis intervention expanded to one additional facilities participating in USAID Centers of Excellence project.
- Baseline of rational use of antibiotics for newborn sepsis in selected participating Centers of Excellence carried out.



### Hand washing observations, newborn ward, Hospital San Vicente de Paul:



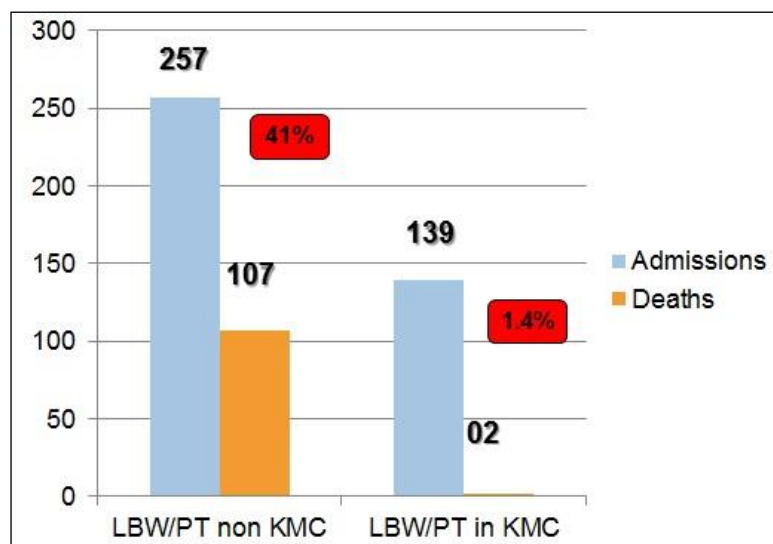
***Objective 2: To strengthen the implementation of Family Centered Maternity and Kangaroo Mother Care Strategies in Centers of Excellence with trained staff; initiate expansion efforts to at least one additional center for a total of at least 3 facilities.***

- Supportive supervision in the facilities implementing the strategies continued.
- One-year program evaluation carried out and results disseminated with Centers of Excellence.
- Scaling-up of interventions to one additional Center initiated.





**Reduction of neonatal deaths from KMC, January-June 2012, Hospital San Lorenzo de Los Mina:**



***Objective 3: Provide TA to the MOH and partners for the strengthening of the national newborn health work plan in line with the Regional Alliance Strategy and Action Plan.***

- Alliances with partners promoting newborn health renewed.
- National committee actively meeting on a periodic basis and working to incorporate the strategic areas of the LAC Neonatal Alliance into the national plan for newborn health.
- Technical inputs in meetings and activities of the national committee for newborn health provided.

***Objective 4: Implement the "Helping Babies Breathe" (HBB) Curriculum in Centers of Excellence.***

- Training of Master Trainers carried out.
- Technical assistance to the bilateral for implementation and supervision of HBB in Centers of Excellence provided.



**Priorities for Year 5**

MCHIP has received additional funding for Y5 (PEPFAR DR) to continue current activities as a part of integrating selected aspects of PMTCT and care for HIV and prevention of congenital syphilis into newborn care.

**Current activities, which will continue, include:**

- Quality improvement activities for prevention and treatment of sepsis continued.
- Supportive supervision in the facilities already implementing Kangaroo Mother Care continued.

**New activities will include:**

- Expansion of sepsis, KMC, and HBB programs carried out through the Centers of Excellence project.
- Results of the research on rational use of antibiotics for newborn sepsis disseminated in selected participating Centers of Excellence and improvements implemented as needed.
- Program evaluation of Kangaroo Mother Care carried out and results disseminated with Centers of Excellence.
- Helping Babies Breathe program implemented in the Centers of Excellence and advocacy for uptake by MOH conducted.
- Baseline of PMTC and congenital syphilis prevention in selected participating Centers of Excellence completed.
- National workshop conducted to present newborn strategies, ratify commitments, and advocate for further scaling-up and sustainability of newborn health priority interventions by the MOH and partners

## Notes from the Field

### Mothers and Babies Thriving Thanks to MCHIP's KMC Programs

18-year-old mother Joanna Inirio Ramón flashes a big grin for the cameras, while tiny baby Estarling Mañuel sleeps on, tightly secured to his mother's chest. When Estarling was born, premature and weighing only 3.5 pounds, he entered the most dangerous time of his life: more than nine million children die each year before they reach five years of age, three-quarters of them during their first week of life. In Latin America and the Caribbean, a full 24% of neonatal deaths are attributable to premature births and low birth weight,<sup>1</sup> and the neonatal mortality is estimated to be 15 per 1,000 live births, accounting for 36% of under-five mortality,<sup>2</sup> but there are great differences between and within countries.



Kangaroo mother Joanna Inirio Ramón and her son, Estarling Mañuel.

Fortunately for Joanna and Estarling, their local hospital staff have knowledge of Kangaroo Mother Care (KMC), an MCHIP/PATH-supported and scientifically venerated technique



Kangaroo mother Cesarina Estrella and her daughter Edy Jania Estrella sit with MCHIP Newborn Health Advisor Dr. Goldy Mazia at the opening ceremonies. Cesarina told the audience: ***"The Kangaroo Mother Care program is a program of love, caring and compassion for us mothers. I tell other mothers in my situation to join this program so that they too can feel the great care that it provides for mothers and their babies."***

which has been shown to greatly reduce newborn mortality and morbidity in premature and low-birth-weight babies. Originally conceived in Colombia due to an insufficient number of incubators and other high tech tools to provide care for premature and low birth weight babies, KMC requires, when possible, constant skin-to-skin contact, exclusive breastfeeding, and consistent and frequent follow-up visits.

Directly and through the Latin American and Caribbean network, MCHIP currently supports 10 KMC programs in 8 countries, potentially impacting more than 20,000 mothers and their children.

Several hours north of Santo Domingo, in the Dominican Republic, is one such program at the hospital San Vicente de Paul. There Joanna and Estarling are among many mothers and babies who

<sup>1</sup> Neonatal Alliance. *Advancing in Newborn Health Through Alliances*. 2009

<sup>2</sup> Reducing Neonatal Mortality and Morbidity in Latin America and The Caribbean: An Interagency Strategic Consensus. 2007

are thriving due to MCHIP's KMC program. They sit, wrapped gently together, on a bed in a ward reserved for mothers who live too far or are otherwise unable to return to hospital for the multiple visits a week required in the first stage of the program. Other mothers are gathered with their children, many already outgrowing their need for direct skin-to-skin contact, but not for other services. Doctors from all over the Latin American and Caribbean region speak with the mothers and nurses. They have come to visit the hospital's KMC program as part of MCHIP's first annual conference in the region on the KMC method.

The conference gathered together more than 60 doctors, nurses and experts from over 12 countries for three days this December in Santo Domingo. Participants came together to learn from each other, share experiences and tools, discuss challenges, brainstorm solutions, and begin to build a community of practice. The newest research and innovations in the field were shared, as well as new USAID tools for creating sustainable scale-ups and regional indicators. In a demonstration of community support for the project, representatives from the mayor's office and the regional governor attended the ceremonies. Their enthusiasm was shared by doctors and patients. Joanna told several doctors from Bolivia: "The important thing is for my baby to be comfortable. With this project, I always have him with me. You feel good keeping them close to you."